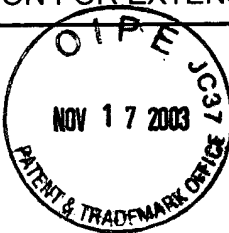
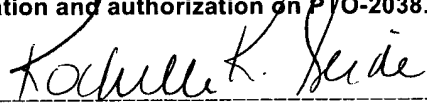
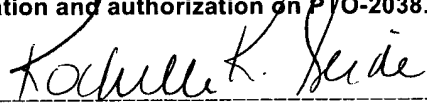
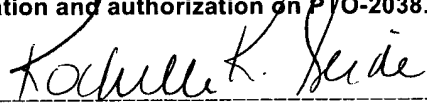


BAKER BOTTS LLP

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) PCT-USA (072667.0124)											
	In re Application of <u>Freyssinet et al.</u>												
	Application Number <u>09/486,094</u>		Filed <u>July 17, 2000</u>										
	For <u>GENE CODING FOR</u> * <u>see attached</u>												
	Group Art Unit <u>1638</u>		Examiner <u>Kubelik, A.</u>										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="width: 30%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">Difference between three-month fee and two-month fee previously paid \$ <u>530</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-4377</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	Difference between three-month fee and two-month fee previously paid \$ <u>530</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____												
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____												
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____												
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____												
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; vertical-align: bottom;"> <u>November 12, 2003</u> Date PTO Reg No.: <u>32,300</u> </td> <td style="width: 60%; vertical-align: bottom; text-align: center;">  _____ Signature <u>Rochelle K. Seide</u> _____ Typed or printed name </td> </tr> </table> <p style="font-size: small;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>				<u>November 12, 2003</u> Date PTO Reg No.: <u>32,300</u>	 _____ Signature <u>Rochelle K. Seide</u> _____ Typed or printed name								
<u>November 12, 2003</u> Date PTO Reg No.: <u>32,300</u>	 _____ Signature <u>Rochelle K. Seide</u> _____ Typed or printed name												
<input type="checkbox"/> Total of _____ forms are submitted.													

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530.00 OP

BAKER BOTTS LLP

Attorney Docket Number: A33002-PCT-USA (072667.0124)

Title:

GENE CODING FOR ANDROCTONINE, VECTOR CONTAINING SAME AND TRANSFORMED
DISEASE RESISTANT PLANTS OBTAINED

Use Space Below for Additional Information: